§ 552.41

§ 552.41 Policy.

Each Bureau of Prisons institution, other than medical centers, will implement a suicide prevention program which conforms to the procedures outlined in this rule. Each Bureau of Prisons medical center is to develop specific written procedures, consistent with the specialized nature of the institution and the intent of this rule.

§ 552.42 Program Coordinator.

Each Warden shall designate in writing a full-time staff member to serve as Program Coordinator for an institution Suicide Prevention Program. The Program Coordinator shall be responsible for managing the treatment of suicidal inmates and for ensuring that the institution's suicide prevention program conforms to the guidelines for training, identification, referral, and assessment/intervention outlined in this rule.

§ 552.43 Procedures.

(a) *Training.* The Program Coordinator will ensure that all staff will be trained (ordinarily by psychology services personnel) to recognize signs indicative of a potential suicide, the appropriate referral process, and suicide prevention techniques.

(b) Identification. All newly admitted inmates will be screened by a physician's assistant (PA) ordinarily within twenty-four hours of admission to the institution for both obvious and subtle signs of potential for suicide. Except for inmates confined at Metropolitan Correctional Centers, Federal Detention Centers or in Federal Detention Units, psychology staff will conduct a second, more comprehensive appraisal, ordinarily within 14 days of the inmate's admission to the institution.

(c) Referral. During regular working hours staff shall immediately advise the Program Coordinator of any inmate who exhibits behavior indicative of suicide potential. In emergency situations or during non-routine working hours, the potentially suicidal individual will be placed on formal suicide watch pending evaluation by the Program Coordinator or delegatee at his or her earliest opportunity.

(d) Assessment/Intervention. There are varying degrees of potential for suicidal and other deliberate self-injurious

behavior which may necessitate a variety of clinical interventions other than placing an inmate on suicide watch. These recommendations might include heightened staff or inmate interaction, a room/cell change, greater observation, or referral for psychotropic medication.

(1) Non-suicidal inmates. If the Program Coordinator determines that the inmate does not appear imminently suicidal, he/she shall document in writing the basis for this conclusion and any treatment recommendations made. This documentation is placed in the inmate's medical, psychology, and central file.

(2) Suicidal inmates. If the Program Coordinator determines the individual to have an imminent potential for suicide, the inmate will be placed on suicide watch in the institution's designated suicide prevention room. The actions and findings of the Program Coordinator will be documented, with copies going to the central file, medical record, psychology file, and the Warden. The inmate on watch will ordinarily be seen by the Program Coordinator on at least a daily basis. Unit staff will have frequent contact with the inmate while he/she is on watch. Only the Program Coordinator will have the authority to remove an inmate from suicide watch. Termination of the watch will be documented with copies to the central file, medical record, psychology file, and the Warden. There should be a clear description of the resolution of the crisis and guidelines for follow-up care.

§552.44 Housing suicidal inmates.

Inmates on watch will be placed in the institution's designated suicide prevention room, a non-administrative detention/segregation cell ordinarily located in the health services area. Despite the cell's location, the inmate will not be admitted as an in-patient unless there are medical indications that would necessitate immediate hospitalization.

§552.45 Authority and responsibility.

The Program Coordinator will have responsibility for determining the specific conditions of the watch.